

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 646740 RECEIPT DATE: 09 / 18 / 00  
IA NUMBER: PCT/ EP99 / 01860 IA FILING DATE: 03 / 19 / 99  
FAMILY NAME: WUTTKE DELAY WAIVED (Y/N): Y  
GIVEN NAME: WOLFGANG DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 03 / 19 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: WINTE 045244 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2136227700  
FAX

NAME: ANNE WANG

STREET: 444 S FLOWER STREET SUITE 1900

CITY: LOS ANGELES

STATE/COUNTRY: CA ZIP: 90071

EMAIL:

APPLICATION TITLES:

UTILIZATION OF EXTRACTS FROM IRIS PLANTS CIMICIFUGA RACEMOSA AND TECTO  
RIGENIN AS AN ESTROGEN LIKE ORGAN SELECTIVE MEDICAMENT WITHOUT UTEROTR  
OPIC EFFECTS

TAB TO LAST POSITION,PUSH SEND

Printed 10/18/2001

APPLICATION NUMBER 09/646,740	FILING DATE 09/18/2000	CLASS 424	GROUP ART UNIT 1651	ATTORNEY DOCKET NO WINTE-045244
APPLICANT WOLFGANG WUTTKE, BOVENDEN, FED REP GERMANY; HUBERTUS JARRY, NEU-EICHENBERG, FED REP GERMANY; VOLKER CHRISTOFFEL, NEUMARKT, FED REP GERMANY; BARBARA SPENGLER, NEUMARKT, FED REP GERMANY; MICHAEL POPP, LAUF/PEGNITZ, FED REP GERMANY.				
**CONTINUING DOMESTIC DATA***** VERIFIED <u>mca</u>				
**371 (NAT'L STAGE) DATA***** VERIFIED THIS APPLN IS A 371 OF PCT/EP99/01860 03/19/1999 <u>mca</u>				
**FOREIGN APPLICATIONS***** VERIFIED FED REP GERMANY 198 12 204.7 03/19/1998 <u>mca</u>				
Foreign priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and acknowledged <u>mca</u> <u>mca</u> Examiner's Name Initials		STATE OR COUNTRY DEX	SHEETS DRAWINGS 4	TOTAL CLAIMS 9
INDEPENDENT CLAIMS 4				
ADDRESS ANNE WANG (212) 622-7700 PRETTY SCHROEDER & POPLAWSKI SUITE 1900 444 S FLOWER STREET LOS ANGELES, CA 90071				
TITLE UTILIZATION OF EXTRACTS FROM IRIS PLANTS, CIMICIFUGA RACEMOSA AND TECT ORIGININ AS AN ESTROGEN-LIKE ORGAN-SELECTIVE MEDICAMENT WITHOUT UTEROTROPIC EFFECTS				
FILING FEE RECEIVED  \$*****	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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